

**LOUISIANA OFFICE OF STUDENT FINANCIAL ASSISTANCE (LOSFA)**

**REQUEST FOR EXCEPTION**

**TO THE INITIAL, CONTINUOUS, OR FULL-TIME ENROLLMENT AND/OR 24 HOUR REQUIREMENT**

**Read Instructions on Reverse Side.** Complete and **SIGN** this form. Submit the form with your **PERSONAL LETTER** explaining the basis for the exception and attach all the documentation required for the exception, including official transcript(s) **TO:** LOSFA, Legal – Exceptions Section, 602 North 5<sup>th</sup> Street, Baton Rouge, LA 70802.

<b>A. STUDENT INFORMATION (Print or Type)</b>	
Name: _____	SSN: _____ - _____ - _____
Permanent Address (Street or P.O. Box) (Check If New <input type="checkbox"/> ):	E-mail Address: _____
	Home Phone #: (____) _____ - _____ (Check If New <input type="checkbox"/> )
	Cell Phone #: (____) _____ - _____ (Check If New <input type="checkbox"/> )
City: _____	State: _____ Zip: _____
Current or Last Semester/Term Attended: _____	Semester/Term You Plan on Returning to College: _____
Current or Last College/University Attended: _____	College or University You Will Attend, if Reinstated: _____

**B. PROGRAM (Check all that apply)**

TOPS Award (Opportunity, Performance, Honors, and Tech)       Rockefeller State Wildlife Scholarship       TOPS Teacher Award

**C. QUALIFYING EXCEPTION (Attach documents required by the INSTRUCTIONS on reverse side of this form)**

<input type="checkbox"/> 1 Parental (Pregnancy/Maternity/Paternity) Leave	<input type="checkbox"/> 6 Exceptional Educational Opportunity
<input type="checkbox"/> 2 Physical Rehabilitation Program	<input type="checkbox"/> 7 Religious Commitment
<input type="checkbox"/> 3 Substance Abuse Rehabilitation Program	<input type="checkbox"/> 8 Death of Immediate Family Member
<input type="checkbox"/> 4A Temporary Disability – Self	<input type="checkbox"/> 9 Military Service
<input type="checkbox"/> 4B Temporary Disability – Care of Immediate Family Member	<input type="checkbox"/> 10 Transfer to a Selective Enrollment Program
<input type="checkbox"/> 5 Permanent Disability	<input type="checkbox"/> 11 Exceptional Circumstances

**D. EXCEPTION REQUESTED FOR Semester(s)/Quarter(s)/Term(s):** \_\_\_\_\_

**E. STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OFFICIAL USE ONLY. DO NOT MAKE ENTRIES IN THIS SECTION.**

Date Request Received: _____ H. S. Graduation Date: _____ Last Term Paid: _____ Academic Year Hours Earned: _____ Requested Term (s): _____ Cum GPA: _____ Total Hours Earned: _____ Term Count: _____ Suspended: <input type="checkbox"/> NO <input type="checkbox"/> YES After: _____	Comments:  <input type="checkbox"/> Disapproved For Term(s):  <input type="checkbox"/> Approved For Term(s) for Exception Code(s):  _____ Term(s)      _____ EC      _____ Term(s)      _____ EC
Additional Action Needed at Time of Update: _____	Reinstatement Approved For Term:    _____ SIGNATURE (Approval Authority) _____ DATE _____

**CIRCUMSTANCES WARRANTING EXCEPTION TO THE TOPS INITIAL, CONTINUOUS, and FULL-TIME ENROLLMENT AND 24 HOUR REQUIREMENTS**

In order to maintain TOPS eligibility, a student must enroll for the first time as a full time student no later than the semester immediately following the one year anniversary of high school graduation and, thereafter, enroll as a full time student each semester, remain enrolled continuously during each semester, and **earn** at least 24 hours each academic year, unless granted an exception. To be eligible for an exception, you must meet all TOPS requirements, except the initial, continuous or full-time enrollment or 24 hour requirement and submit the signed and completed form and all documentation required for the exception, as listed in the table, must be forwarded to **LOSFA, Legal – Exceptions Section, 602 North 5<sup>th</sup> Street, Baton Rouge, LA 70802 so that it is received no later than six months after the date of the notice of cancellation.** You should submit your request for exception as soon as possible after the occurrence of the event or circumstance that supports your request for exception. If your request is received more than six months after the date of the notice of cancellation, **it will not be considered.** **You must retain a copy of this form and the supporting documents.** You are encouraged to send your request via registered, certified or express mail so you will have proof of the submission date. For assistance with this form, call a Public Information Representative at 1-800-259-5626, extension 1012.

CODE & TYPE	DEFINITION	Send your <b>PERSONAL LETTER</b> with the following <b>REQUIRED DOCUMENTS</b> :	MAXIMUM EXCEPTION
1 Parental Leave	The student/recipient is pregnant or caring for a newborn or newly-adopted child less than one year of age.	(1) a completed exception request form including official college transcripts, and (2) a written statement from a doctor of medicine who is legally authorized to practice certifying the date of diagnosis of pregnancy and the anticipated delivery date or the actual birth date or a copy of the hospital's certificate of live birth or a copy of the official birth certificate or equivalent official document, or written documentation from the person or agency completing the adoption that confirms the adoption and date of adoption.	Up to two consecutive semesters (three consecutive quarters) per pregnancy.
2 Physical Rehabilitation Program	The student/recipient is receiving rehabilitation in a program prescribed by a qualified medical professional and administered by a qualified medical professional.	(1) a completed exception request form including the reason for the rehabilitation, dates of absence from class, the necessity of withdrawing, dropping hours, etc., the semester(s) or number of days involved, and any other information or documents, and (2) a written statement from a qualified medical professional describing the rehabilitation, including the diagnosis, the beginning date of the rehabilitation, the required treatment, and the length of the recovery period.	Up to four consecutive semesters (six consecutive quarters) per occurrence.
3 Substance Abuse Rehabilitation Program	The student/recipient is receiving rehabilitation in a substance abuse program prescribed by a qualified professional and administered by a qualified professional.	(1) a completed exception request form including official college transcripts, the reason for the rehabilitation, dates of absence from class, the necessity of withdrawing, dropping hours, etc., the semester(s) or number of days involved, and any other information or documents, and (2) a written statement from a qualified professional describing the rehabilitation, including the diagnosis, the beginning date of the rehabilitation, the required treatment, and the length of the recovery period.	Up to two consecutive semesters (three consecutive quarters). This exception shall be available to a student only one time.
4A Temporary Disability Self	The student/recipient is recovering from an accident, injury, illness or required surgery, or	(1) a completed exception request form including official college transcripts, the reason for the disability, dates of absence from class, the necessity of withdrawing, dropping hours, etc., the semester(s) or number of days involved, and any other pertinent information or documents; and (2) a written statement from a qualified professional of the existence of a temporary disability and a description of the injury, illness or required surgery, including the dates of treatment, the treatment required, the prognosis, the length of the recovery period, the beginning and ending dates of the professional's care, and opinions as to the impact of the disability on the student's ability to attend school.	Up to four consecutive semesters (six consecutive quarters) for student/recipient's own temporary disability.
4B Temporary Disability Care of Immediate Family Member with a Temporary Disability)	The student/recipient is providing continuous care to his/her spouse, dependent, parent, stepparent or custodian (guardian) due to an accident, illness, injury or required surgery.	(1) a completed exception request form including official college transcripts, the reason for the disability, dates of absence from class, the necessity of withdrawing, dropping hours, etc., the semester(s) or number of days involved, and any other pertinent information or documents; and (2) a written statement from a qualified professional of the family member's temporary disability and a description of the injury, illness or required surgery, including the dates of treatment, the treatment required, the prognosis, the length of the recovery period, the beginning and ending dates of the professional's care; and (3) a statement from a family member or qualified professional confirming the care given by the student; and (4) if the student's last name is different from the immediate family member, a written statement from a parent or other documentation explaining the family connection	Up to a maximum of two consecutive semesters (three consecutive quarters) for care of a disabled dependent, spouse, parent or guardian.
5 Permanent Disability	The student/recipient is permanently disabled in a manner that prevents the student from attending classes on a full-time basis.	(1) a completed exception request form including official college transcripts, a description of the disability, the reason for the disability, the reason(s) the disability restricts class attendance to less than full-time, and (2) a written statement from a qualified professional stating the diagnosis of and prognosis for the disability, stating that the disability is permanent, and opining why the disability restricts the student/recipient from attending classes full-time.	Up to the equivalent of eight full-time semesters of postsecondary education in part time semesters.
6 Exceptional Educational Opportunity	The student/recipient is enrolled in an internship, residency, cooperative work, or work/study program or a similar program that is related to the student's major or otherwise has an opportunity not specifically sponsored by the school attended by the student that, in the opinion of the student's academic dean, will enhance the student's education. Participation in one of the programs does not qualify as an exception to the initial enrollment requirement.	(1) a completed exception request form including official college transcripts, and (2) a written statement from the college/school official that the applicant is a student at the school/college and that the program is offered or sponsored by the college/school, or a statement from the dean of the college or the dean's designee that the program is related to the student's major and will enhance the student's education. The statements must include the dates of leave of absence, the semester(s) or number of days involved, the beginning and ending dates of the program.	Up to two semesters (three consecutive quarters) or required program of study.
7 Religious Commitment	The student/recipient is a member of a religious group that requires the student to perform certain activities or obligations, which necessitate taking a leave of absence from school.	(1) a completed exception request form including official college transcripts, the necessity of withdrawing, dropping hours, etc., the semester(s) or number of days involved, and the length of the religious obligation, and (2) a written statement from the college official and a written statement from the religious group's governing official evidencing the requirement necessitating the leave of absence including dates of the required leave of absence.	Up to four consecutive semesters (six consecutive quarters).
8 Death of Immediate Family Member	The student's spouse, parent, stepparent, custodian (guardian), dependent, sister, brother, stepsibling or grandparent dies.	(1) a completed exception request form including official college transcripts, and (2) a copy of the death certificate or a doctor's or funeral director's verifying statement or a copy of the obituary published in the local newspaper, and (3) if the student's last name is different from the deceased and not listed in the obituary, a written statement from a parent or other documentation explaining the family connection.	Up to one semester or two quarters per death.
9 Military Service	The student/recipient is in the United States Armed Forces Reserves and is called on active duty status or is performing emergency state service with the National Guard or voluntarily enlists and enters on active duty as a member of the regular United States Armed Forces during a National Emergency declared by the President of the United States or when the United States is engaged in armed conflict.	(1) a completed exception request form including official college transcripts, the dates of the required leave of absence, necessity of withdrawing, dropping hours, etc., the semester(s) or number of days involved, and the length of duty (beginning and ending dates), and (2) a written certification from the commanding officer or regional supervisor including the dates and location of active duty, or (3) a certified copy of the military orders.	Up to the length of the required active duty service.
10 Transfer - Selective Enrollment Program	A student/recipient who completed his or her program requirements for transfer to a Selective Enrollment Program.	(1) a completed exception request form including official college transcripts and the semester affected, and (2) a written statement from the dean of the college or the dean's designee certifying that the student/recipient has or will complete his or her program requirements for transfer to a Selective Enrollment Program.	Up to two consecutive semesters or three consecutive quarters.
11 Exceptional Circumstances (See Note 1 Below)	The student/recipient has exceptional circumstances, other than those listed in 1-10 above, which are beyond his immediate control and which necessitate full or partial withdrawal from, or non-enrollment in, an eligible postsecondary institution.	(1) Submit a completed exception request form including a sworn affidavit from the student detailing the circumstances and including the official college transcripts and documentation necessary to support the request for reinstatement.	Up to two consecutive semesters or three consecutive quarters.

**Note 1: The following situations are not exceptional circumstances:**

- (a) Financial conditions related to a student's ability to meet his or her educational expenses are not a justified reason for failure to meet the hours or continuous enrollment requirement, because TOPS is a merit, rather than need-based award.
- (b) Dropping a course, failing a course, or withdrawing from school to protect the student's grade point average or because of difficulty with a course or difficulty arranging tutoring.
- (c) Not being aware of or understanding the requirements.
- (d) Assumption that advanced standing, summer course work, or correspondence course work credited outside the appropriate regular semesters or quarters would be applied to the hours requirement.
- (e) Differing scholarship or award requirements for other programs, such as NCAA full-time enrollment requirements.

- (f) Voluntary withdrawal from school to move out of state or pursue other interests or activities.
- (g) Claims of receipt of advice that is contrary to these rules, public information promulgated by LOSFA, award letters, and the Borrower's Rights and Responsibilities document that detail the requirements for full-time continuous enrollment.
- (h) Failure to provide or respond to a request for documentation within 30 days of the date of the request, unless additional time is requested in writing, LOSFA grants the request, and the requested documentation is provided within the additional time granted.
- (i) An involuntary drop, suspension or withdrawal from enrollment because of academics, scholastics or failure to attend classes or to comply with institutional regulations.
- (j) A suspension or expulsion for misconduct.
- (k) An inability to register because of failure to satisfy financial obligations.